

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

93 MAR 25 PM 4:12

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 11886002243

1. Corporation Name

GOOD SHEPHERD FOR CHRIST
" STRUGGLE AND VICTORY INC."

WQ-357

Principal Place of Business

11886 W. DIXIE HIGHWAY
MIAMI, FL 33161

Mailing Address

5700 S.W. 148TH PL
MIAMI, FL 33193

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 8, 1993

5. FEI Number

65-0419402

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>DIR.</u>	<u>MARIE Y. MILFORT</u>	<u>5700 S.W. 148 PL</u> <u>MIAMI, FL 33193</u>	<u>MIAMI, FL 33193</u>
<u>DIR</u>	<u>ROOSEVELT MILFORT</u>	<u>5700 S.W. 148TH PL</u>	<u>MIAMI, FL 33193</u>
<u>DIR</u>	<u>GERALDA MARSEILLE-LINDS</u>	<u>14120 N.E. 16TH CT.</u>	<u>MIAMI, FL 33181</u>
<u>OFFICER</u>	<u>FRANCIS JOSEPH</u>	<u>727 N.E. 140TH ST</u>	<u>MIAMI, FL 33161</u>
<u>OFFICER</u>	<u>ELIFABINE DIMANCHE</u>	<u>P.O. BOX 381182</u>	<u>MIAMI, FL 33238</u>

8. Name and Address of Current Registered Agent

MARIE Y. MILFORT
5700 S.W. 148TH PL
MIAMI, FL 33193

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

000002828280-4

04/02/99-01086-010

****490, FL ****490.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Marie Y. Milfort
REGISTERED AGENT MUST SIGN

Date

3-22-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.02(3)(ii), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Marie Y. Milfort
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. 22. 99
Date

(305) 385-8770
Daytime Phone #